

It is the policy of the Department to ensure that consideration for awards is made without regard to race, color, national origin, religion, sex, age, marital status, disability or other nonmerit factors.

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

NOTE: For group awards, attach list of group members. Show data in Items 2-9, and award amount for each payee.

1. AGENCY

*** (put recipient's agency)

2. NAME OF EMPLOYEE (Last, first, middle initial)

3. SOCIAL SECURITY NO.

*

4. POSITION TITLE

*

5. PAY PLAN-SERIES/GRADE/STEP

*

6. ORGANIZATION AND LOCATION

*

7. PERIOD COVERED FOR AWARD (MMDDYY)

FROM: *** TO: ***

8. ACCOUNTING CODE

9. IF AWARD APPROVED, MAIL CHECK TO:

(ADDRESS)

☐ SALARY CHECK ADDRESS

☐ OTHER (Specify address): →

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date)

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS (This language will appear on the employee's certificate.)
EMPLOYEE IS BEING RECOGNIZED FOR:

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (Check one)					
	EMPLOYEE SUGGESTION OR INVENTION*	EXTRA EFFORT AWARD*	SPOT AWARD	<input checked="" type="checkbox"/> TIME OFF AWARD**	OTHER*	
	KEEPSAKE AWARD		GAINSHARING AWARD			
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
PERF ORMA NCE BONU S AWAR D	13. NO. OF PERSONS	14. TOTAL AWARD (Give dollar amount/hours, or value of item)	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check appropriate box) →	ESTIMATED FIRST YEAR SAVINGS		
	***	***		MEASURABLE BENEFITS SCALE	\$	
				NONMEASURABLE BENEFITS SCALE	VALUE OF BENEFITS	APPLICATION
16. TYPE OF RECOGNITION RECOMMENDED (Check one)						
PERF ORMA NCE BONU S AWAR D	PERFORMANCE BONUS AWARD*		QUALITY STEP INCREASE*			
	Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the position were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.					
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD		
				\$		

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature)	DATE	21. REVIEWING OFFICIAL (Signature)	DATE
***	***		
TITLE		TITLE	

22. APPROVING OFFICIAL (Signature and Title)	DATE
***	***

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE:	25. TO (Grade and Step):	26. NEW SALARY	27. RATE	28. PAY RATE DETER- MINANT CODE
		29. PERSONNEL OFFICIAL (Signature and Title)				DATE PROCESSED
		I certify that the proposed action is in compliance with statutory and regulatory requirements.				

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Form AD-287-2 (7/94)

Check applicable copy designation as shown below:

☐ ORIGINAL-Processing Copy ☐ 1st Copy-Official Personnel Folder ☐ 2nd Copy-Obligation Record ☐ 3rd Copy-Employee Copy

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☐ ORIGINAL-**Processing Copy** ☐ 1st Copy-**Official Personnel Folder** ☐ 2nd Copy-**Obligation Record** ☐ 3rd Copy-**Employee Copy**